

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for CPT Code E1399 and A4306 for date of service November 21, 2001.
- b. The request was received on April 23, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. HCFA's
 - c. Audit summaries/EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on June 26, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on June 28, 2002. The response from the insurance carrier was previously received in the Division on July 12, 2002. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated June 12, 2002 that... “The disputed issue is that the Carrier originally paid \$73.77 for these products stating no MAR reduced to fair and reasonable. We resubmitted the claims to the Carrier requesting additional payment. The Carrier did make an additional payment of \$107.10 leaving a balance due of \$49.03. The expected out come of this issue is that we feel the claims should be paid in full. In accordance with DME Ground Rules Section IX c states invoices should be billed at the provider’s usual and customary rate... We have billed the Carrier our usual and customary rate and have provided the Carrier with examples of audit sheets and/or copies of checks where other carriers in this area have established these fees as fair and reasonable amount as the Commission has not established MARs for these items...
2. Respondent: The respondent states in the correspondence dated June 13, 2002 that ... “This is a dispute over \$49.03 for DOS 11/21/01. Carrier reduced Provider’s usual and customary fees to a fair and reasonable rate per a methodology designed to be consistently applied to similar charges as required in TWCC Rules 133.304(i) ...”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is November 21, 2001.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
11/21/01	E1399	\$126.90	\$101.52	M	DOP $\$126.90 - \$101.52 = \$25.38$	TWCC Act & Rule Section 134.1(f) MFG, General Instructions (III)(A)	Requestor has submitted redacted EOBs to support the fair and reasonable rate they have charged for the wound closure bandage; therefore, reimbursement in the amount of \$25.38 ($\$126.90 - \$101.52 = \25.38) is recommended.
11/21/01	A4306	\$83.40	\$66.67	M	DOP $\$83.40 - \$66.67 = \$16.73$	TWCC Act & Rule Section 134.1(f) MFG, General Instructions (III)(A)	Requestor has submitted redacted EOBs to support the fair and reasonable rate they have charged for the wound dress premapore; therefore reimbursement in the amount of \$125.00 is recommended.

11/21/01	E1399	\$10.00	\$5.00	M	DOP $\$10.00 - \$5.00 = \$5.00$	TWCC Act & Rule Section 134.1(f) MFG, General Instructions (III)(A)	Requestor has submitted redacted EOBs to support the fair and reasonable rate they have charged for the nuguaze; therefore reimbursement in the amount of \$5.00 is recommended.
11/21/01	E1399	\$9.60	\$7.68	M	DOP $\$9.60 - \$7.68 = \$1.92$	TWCC Act & Rule Section 134.1(f) MFG, General Instructions (III)(A)	Requestor has submitted redacted EOBs to support the fair and reasonable rate they have charged for the betadine swabs 3/pack; therefore reimbursement in the amount of \$1.92 is recommended.
Totals							The Requestor is entitled to reimbursement in the amount of \$49.03

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$49.03 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 17th day of December 2002.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.